



**STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE –DIVISION OF INVESTIGATIONS
P.O. Box 95164, Lincoln, Nebraska 68509-5164
402-471-0175**

HEALTH CARE PROFESSIONAL REPORTING ANOTHER HEALTH CARE PROFESSIONAL

IDENTIFYING INFORMATION FOR PERSON I AM REPORTING

Name:	First:	Middle/MI	Last:	Maiden:	Date of Birth:
Work Address:	Street:				
	City:	State:		Zip:	
Home Address	Street:				
	City:	State:		Zip:	
Telephone	Home:		Work		
Field of Licensure:			Nebraska License Number:		

A. I AM IN THE SAME PROFESSION AND IT IS NECESSARY FOR ME TO REPORT

- ☐ A pattern of negligent conduct
- ☐ Unprofessional conduct
- ☐ Other violations of laws or regulations governing the practice of the profession
- ☐ Gross incompetence
- ☐ Practicing while his/her ability to practice is impaired by:
 - ☐ Controlled substances
 - ☐ Alcohol
 - ☐ Narcotic drugs
 - ☐ Physical disability
 - ☐ Mental disability
 - ☐ Emotional disability

B. I AM IN A DIFFERENT PROFESSION AND IT IS NECESSARY FOR ME TO REPORT

- ☐ Gross incompetence
- ☐ Practicing while impaired (Check boxes in A above under Practicing while impaired)

INFORMATION TO REPORT

Date of occurrence

Where did it occur?

Nature of any injury, damage, illness, detriment or loss that resulted from the conduct, act or omission	

Your relationship to the person you are reporting